

Healthy Lives Together (Thrive.NEL)

1. Background

Launched in August 2018, Healthy Lives Together (HLT) is a social outcomes contract aimed at improving the health and wellbeing of people across North East Lincolnshire. The contract, delivered by Centre4, operates under the Thrive.NEL brand.

Thrive.NEL was the first social prescribing model delivered across North East Lincolnshire. The programme is aimed at supporting people with Long Term Health Conditions over a maximum two-year period to achieve (1) improvements in their overall health and wellbeing; and (2) reductions in primary and secondary care usage.

HLT is jointly funded by North East Lincolnshire CCG (c.65% of the funding) and The National Lottery Community Fund (c.35%). The programme is planned to continue receiving referrals until the 31 July 2023, the last referrals will be supported for up to 2 years until 31 July 2025.

Because HLT is structured as an outcomes contract, the social investor, Bridges, takes the risk on the outcomes being achieved. In practice, this means that Bridges provides the funding to Centre4 to deliver the service and NEL CCG and Lottery pay for each participant who improves their wellbeing. This reduces the financial risk to the commissioners if the contract does not perform in-line with expectations, while incentivising innovation at the delivery to ensure better outcomes for the people in the programme.

To date, Thrive.NEL has achieved significant increases in the ability of participants to manage their health and wellbeing through the creation of a wide range of community support, as well as enabling the further expansion of Social Prescribing in the region. The programme has successfully continued to deliver during COVID and lockdowns by incorporating a digital offer and other solutions tailored to the situation of each participant.

This report will outline the positive impact the programme has had to date in (a) improving participants' health and wellbeing; (b) reducing the usage of primary and secondary care services; and (c) enabling new social prescribing initiatives to expand the support available for people in North East Lincolnshire. The last section of the report includes the proposed rate card for the remaining years of the programme, outlining the projected outcomes and financial forecast.

2. Improvement in health & wellbeing

Thrive.NEL's aim is to improve the health and wellbeing of people with specific long-term health conditions in North East Lincolnshire. It is expected that this will have positive ripple effects on reduction in usage of the healthcare system, as well as demonstrate a sustainable model to support people to improve their wellbeing in a holistic way.

To date, the programme has demonstrated extremely positive wellbeing improvements. As of April 2021, 82% for participants engaged at 6 months had improved their wellbeing. 95% of those engaged at 12 months and 100% of those engaged at 24 months had improved their wellbeing. This

is above initial contract targets and expectations, particularly given the COVID-19 outbreak. Engagement rates are also positive, with 81% of participants that start still engaged after 6 months, 79% of those engaged at 6 months are still engaged after 12 months, 95% of those engaged at 12 months are still engaged at 18 months, and 74% of those engaged at 18 months are still engaged at 24 months. A drop off is expected in the second year of the programme, as not everyone needs two years of support.

Beyond the direct positive impact that these groups have on participants, they also contribute meaningfully to sustain the wellbeing improvement beyond the individuals' time on the programme. As individuals complete the programme, the groups continue to run, integrating new members and previous Thrive.NEL participants becoming their mentors. Thrive.NEL is committed to promoting the long-term sustainability of this groups, in some cases providing small seed-funding or helping them register as a CIC.

3. Reduction in primary and secondary care usage

3.1. Secondary care usage results

We have tracked participant's cost of usage of A&E and inpatient activities. We compared their usage for the 2 years before they started the programme, to that 2 years after they joined. We look at all categories of usage that can be influenced by social prescribing, excluding only categories such as burns or electric shocks.

To date, 25 participants have completed the 24 months in the programme. On average they have reduced their cost in two years by £1,224/person (this does not account any adjustments for increased tariffs as a result of reviews or inflation). Using current engagement rates, it is expected that 523 people will complete the full 24 months of the programme. Applying the £1,224 average savings per person that completes to these 523 people result in £640,403 projected savings for this group.

We forecast that 1,495 people will start the programme over the 5 years, of which 972 will disengage before 24 months. If the £325 average savings for those finishing the programme part way through is applied to those 972 participants that don't complete, they would generate savings of £315,786.

In addition to this £956,189 savings achieved through reduction in usage of A&E and inpatient activities, it expected that savings will also be seen in other areas of the care system.

3.2. Primary care usage results

In addition, we also looked at the reduction in the number of GP visits one year before and after starting the programme. Due to data access restrictions, all visits to GPs are included.

The analysis shows that on average, participants on social prescribing reduce their usage of GP visits by 11% or 1.4 visits a year. At an indicative cost of £45/visit, for the 1,495 people that start the programme this translates into £94,185 savings per year.

In addition, the feedback from GPs has been very positive. Dr. Kumar, who has referred 131 people to the Thrive.NEL programme to date, said *"The service is brilliant in every way and has shown that a high number of calls from the most regular patients that create a high demand on our surgery have reduced. Staff and patients have all stated how brilliant and helpful the Link Worker is"*.

4. Expansion within Thrive.NEL

Originally, Thrive.NEL supported 5 long-term health conditions (Asthma, Atrial Fibrillation, COPD, Diabetes type 2 and Hypertension) for residents of North East Lincolnshire aged between 18 and 65.

In April 2020, as part of COVID-19 response, NEL CCG agreed to expand the age criteria to 75. Subsequently, in September 2020, following demand from PCN and GP colleagues the eligible long-term health conditions were widened to also include: Chronic Heart Disease, Diabetes type 1, Epilepsy, Osteoarthritis, Osteoporosis and Fibromyalgia.

4.1. Building the backbone for new social prescribing initiatives

Following the success and the learnings from the Thrive.NEL model, Centre4 has been awarded the management of PCN Link Workers for 2 of the 3 PCNs in North East Lincolnshire. The new members joined in April 2021 and are managed under the same team as Thrive.NEL link workers. The joint management ensures flexibility of coverage and a seamless experience for participants. It also allows the new team members to build on the experience and expertise developed by Centre4 through the Thrive.NEL model.

Furthermore, North East Lincolnshire, led by Thrive.NEL, are a lead Test & Learn site in the new National Green Social Prescribing Pilot launched in April 2021. The Humber, Coast and Vale Health and Care Partnership is one of just seven partnerships in the country to secure £500,000 as part of a two-year national scheme aimed at helping the mental wellbeing of communities hardest hit by the COVID-19 pandemic.

The 'green social prescribing' project has been established by the Department for Environment, Food & Rural Affairs, NHS England and NHS Improvement, and partner organisations to examine how health and care services, working with communities and local organisations, can connect more people with nature and nature-based activities to improve their mental health and wellbeing. Thrive.NEL are a core part of this delivery, coordinating the work through community groups.

5. Secondary care waiting lists

In terms of a potential positive impact on waiting lists in secondary care, there is a potential for appropriate referrals to be made into the Social Prescribing programme.

Clearly those who have one or more of the relevant conditions could access Thrive and improve their health and wellbeing in the interim whilst waiting for a procedure and potentially this could make the waiting time more tolerable for individual patients.

It is debatable whether it would reduce the need for certain procedures related to waiting lists, e.g hip replacements as these are likely to be as a result of a long term deterioration, however there may be some potential in some areas for reduction in acuity of some conditions

6. Lessons learned and next steps

Overall the lessons learned from the programme thus far are as follows:

- Patient led service design and interventions are most effective

- The link worker team at Centre4 have developed sophisticated expertise in behaviour change techniques and helping patients to achieve long term benefits to their health and wellbeing
- The Thrive model provides a core model for social prescribing in NEL which allows for the integrated model including PCN funded link workers and additional input/resource from the Green Social Prescribing test and learn programme, therefore creating the opportunity for an holistic approach to improving health and wellbeing for patients
- Thrive NEL is pioneering and held up as a good practice exemplar within the national Social Prescribing Network, providing opportunities to improve practice throughout the UK
- The Social Prescribing model enables reduction in usage of primary and secondary care
- Our integrated model with PCN link workers is more effective than other areas where PCN based workers operate in isolation and therefore are often not appropriately utilised or properly supported

Next steps

- Review of contract with Bridges Outcomes Partnerships in June and July with a view to contract renewal for August 1st 2021
- Continue to measure outcomes using the Wellbeing Star
- Continue to measure reduction in primary and secondary care usage
- Work with Centre4 to implement appropriate outcomes measures linked to the PCN link worker caseload
- Work to agree updated outcomes measurements with the Lottery
- Work proactively with the national network to promote the good practice in NEL